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SERVICE REQUEST FORM

SECTION 1: CUSTOMER INFORMATION

Customer Name: _____
 Contact Person: _____
 Phone Number: _____
 Email Address: _____
 Site Address: _____

SECTION 2: EQUIPMENT TYPE (Select all that apply)	EQUIPMENT DETAILS
<input type="checkbox"/> Centrifuge	Make: _____
<input type="checkbox"/> Fridge / Freezer	Model: _____
<input type="checkbox"/> Oven / Incubator	Serial No: _____
<input type="checkbox"/> Microscope	Quantity: _____
<input type="checkbox"/> Vortex / Roller / Rocker	
<input type="checkbox"/> Waterbath / Dryblock	
<input type="checkbox"/> Other (specify below)	
If 'Other', please specify: _____	

SECTION 3: SERVICE REQUIREMENTS (Select all that apply)

- Preventative Maintenance & Verification (PM)
- Verification Check / Repair Assessment Only
- Repair / Breakdown
- Installation / Commissioning

SECTION 4: VERIFICATION REQUIREMENTS (If applicable)

Speed Verification

Speed Point	Set Speed (RPM)	Tolerance (RPM)
Speed 1	<i>e.g. 1000</i>	<i>e.g. ±50</i>
Speed 2		
Speed 3		

Temperature Verification

Temp Point	Set Temp (°C)	Tolerance (°C)
Temp 1	<i>e.g. 37</i>	<i>e.g. ±2</i>
Temp 2		
Temp 3		

Timer Verification

Time Point	Set Time (mm:ss)	Tolerance (sec)
Time 1	<i>e.g. 05:00</i>	<i>e.g. ±30</i>
Time 2		
Time 3		

CO₂ Verification

CO ₂ Point	Set CO ₂ (%)	Tolerance (%)
CO ₂ 1	<i>e.g. 5</i>	<i>e.g. ±0.5</i>
CO ₂ 2		
CO ₂ 3		

SECTION 5: ADDITIONAL INFORMATION

Preferred Service Date: _____ Urgency: Normal Urgent
 Special Instructions / Notes: _____

SECTION 6: CUSTOMER SIGN-OFF

Customer Name: _____ Date: _____
 Signature: _____

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____
 Quotation No: _____ Assigned Engineer: _____

Please complete this form and submit to Akacia Diagnostics via email or in person. A Quotation will be issued upon receipt.